

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101550,260

FILING DATE

9-22-05

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1	-				
3	1	-				
4	1	-				
5	1	-				
6	1	-				
7	1	-				
8	1	-				
9	1	-				
10	1	-				
11	1	-				
12	1	-				
13	1	-				
14	2					
15	1	-				
16	1	-				
17	2					
18	1	-				
19	1	-				
20	1	-				
21	1	-				
22	1					
23	1	-				
24	1					
25	1	-				
26	1	-				
27	1	-				
28	1	-				
29	1	-				
30	1	-				
31	1	-				
32	1	-				
33	1	-				
34	1	-				
35	1	-				
36	2					
37	1	-				
38	1	-				
39	2					
40	1	-				
41	1					
42	1	-				
43	1	-				
44	1	-				
45	1	-				
46	1	-				
47	1	-				
48	1	-				
49	1	-				
50	1	-				
TOTAL IND.			↓		↓	↓
TOTAL DEP.			←		←	←
TOTAL CLAIMS						

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51			1	-		
52			1	-		
53			1	-		
54			2			
55			1	-		
56			1	-		
57			2			
58			1	-		
59			1	-		
60			1	-		
61			1	-		
62			1	-		
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95						
96						
97						
98						
99						
100						
TOTAL IND.			4		↓	
TOTAL DEP.			64		←	
TOTAL CLAIMS			68		←	←